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 Clark County Clerk
 200 Lewis Avenue
 Box 551604
 Las Vegas, NV 89155-1604
 (702) 671-0500
ClerkRec@ClarkCountyNV.gov

PUBLIC RECORDS REQUEST

Pursuant to NRS 239

INSTRUCTIONS

This form is to be used to request all records in the legal custody or control of the Clark County Clerk's Office. All information in Section A is required. No-fee requests will automatically be fulfilled. Requests that entail extraordinary time or resources will incur a fee that must be approved by the requestor before the public records request can be fulfilled.

SECTION A – TO BE COMPLETED BY REQUESTER

Full Name _____ Email _____
 Business Name _____ Phone # _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Check here if this is a media request. Specify the deadline date and time: _____ am/pm
For media requests needed within 48 hours, also call the PIO's office at (702) 455-5534.

Describe the records you are requesting. Please be as specific as possible and include enough detail to assist staff in locating the records. Include relevant dates or a date range. For multiple records, you may attach additional pages.

Please select the preferred method of receiving the requested records:

- By postal mail at the mailing address above
- By email at the email address above (Even if you choose to receive the records via email there may be a per page cost)
- In person
- Special delivery (additional charges may apply) _____

• STOP! DO NOT COMPLETE ANYTHING ELSE BELOW THIS SECTION AT THIS TIME. •

Submit your request via mail or email using the address above or by using the submit button and a response will be provided within 5 days of receipt.

SECTION B – TO BE COMPLETED BY COUNTY CLERK STAFF

Estimated fee to fulfill request: \$ _____ Estimated time to fulfill request: _____ hours/days/weeks
 Estimated date to fulfill request: ____/____/____ Estimate provided by: _____
 Additional Information: _____

SECTION C – TO BE COMPLETED BY REQUESTER UPON RECEIPT OF ESTIMATED FEE

By signing below, you are accepting financial responsibility for this request and agree to pay the estimated fee in section B above. You also understand that records will not be released until payment is received by the County Clerk's Office unless there is no fee.

X _____ Date ____/____/____

**Please send this signed and dated agreement via USPS mail or email using the address above.
 Payment should be in the form of a cashier's check or money order made payable to County Clerk. Do not send cash.**